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ABSTRACT

This self-study and evaluation guide on rehabilitation centers is one of 28 guides designed for organizations undertaking a self-study as part of the process for accreditation from the National Accreditation Council (NAC) for agencies serving the blind and visually handicapped. Provided are lists of standards to be appraised by the self-evaluation teams on the extent to which the organization meets the standards (excellent, satisfactory, adequate, poor, minimal, and not applicable). Areas of standards considered are the following: structure, organization and administration (e.g., legal base, staff development); intake procedures (e.g., information required from client); services (e.g., communication skills, medical orientation and mobility); and case records (e.g., initial information, ongoing service information). Throughout the guide, space is provided for written comments to be made, such as an explanation of a rating given or why a standard did not apply. The concluding part of the guide provides three questions designed to permit the agency to describe its program for evaluation and indicate plans for improvement of its rehabilitation center services. Sample forms of medical examination, audiologic analyses, eye medical report, and medical information release are provided in the appendixes. (Other accreditation guides are available-see note.) (JH)

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ED164931

Section D-3

SELF-STUDY AND EVALUATION GUIDE | 1968 Edition

Rehabilitation Centers

NATIONAL ACCREDITATION COUNCIL
For Agencies Serving the Blind and Visually Handicapped
79 Madison Ave.
New York, N.Y. 10016

CE 019 452

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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INSTRUCTIONS

Two steps should precede the use of this Section:

1. *Section A, Manual of Procedures,* should be read for an understanding of the overall framework and governing principles of the self-study and accreditation process.

2. *Section B, Agency and Community Profile,* should be reviewed, since it embraces the statement of the agency's philosophy of service and program objectives, an indispensable base for evaluation of its work.

* * * *

This Section is designed to convey an accurate description of the agency's performance in a particular subject area. Three elements are employed to achieve this: a coded *Standards Checklist*, coded *Evaluation Ratings*, and *Comments*. Each is explained below.

Coding the Standards Checklist. Each standard describes a provision, condition or characteristic found in an acceptable agency; checking off, through the appropriate notation, whether and to what extent agency practice conforms to the standard provides a factual base for the succeeding evaluation.

In the parentheses ( ) preceding the standard, insert a symbol according to the following code.

✓✓—The standard is fully met.

✓—The standard is partly met.

O—The standard, although needed and desirable, is not met, or is met to such a limited extent as to be virtually inoperative.

?—The applicability of the standard to the agency is questioned.

X—The standard is clearly inapplicable to the agency.

Coding the Evaluation Ratings. Each evaluation question poses a criterion for judgment. Careful discrimination should be exercised in arriving at such judgment, bearing in mind that standards are not aimed at perfection but are keyed to realistic, attainable levels of performance. While the ratings embrace such concepts as *excellent, well, satisfactory, poor*, etc., which cannot be specifically defined, a valid judgment can be formulated if the evaluator balances a) the requirements postulated by the standard, b) the agency's stated philosophy of service and program objectives and its community relationships, and c) the practical knowledge derived from the evaluator's own professional experience.

In the brackets [ ] preceding the evaluation question, insert the code letter that best describes the agency's performance:

E—Excellent. The agency meets the criterion to the *fullest* extent and functions *excellently* in regard to it.

VG—Very good. The agency meets the criterion to the *fullest* extent and functions *well* in regard to it; or it meets the criterion to a *satisfactory* extent (i.e., not full coverage) and functions *excellently* in regard to it.

G—Good. The agency meets the criterion to a *satisfactory* extent and functions well in regard to it.

F—Fair. The agency meets the criterion to a *satisfactory* extent (i.e., not full coverage) but functions *poorly* in regard to it; or it meets the criterion to a *limited* extent but functions *satisfactorily* in regard to it.

P—Poor. The agency meets the criterion only to a *limited* extent and functions *poorly* in regard to it; or it makes *no provision* for meeting a needed criterion.

M—Missing. The element identified in the question is missing, but the agency's need for it is open to question.

NA—Not Applicable. The element identified in the question does not apply to the agency.

Comments. Just as not all of the standards necessarily apply to all agencies, not all of every agency's activities are necessarily covered by the standards. The space provided under *Comments* should be used to note any important feature or characteristic of the agency's activity relating to the subject but not included in the standard. Such notations may be supplemented, if necessary, by supporting data attached to the end of the Section, or by cross-references to other Sections. Addenda and cross-references should be accurately identified by notation of the Section and standard to which they pertain. (For example, material attached to the end of a Section might be marked "Supporting Data, Section D-4, 2-1"; a cross-reference might be noted as "See Section C-1, 2.3.3".)

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This section of the *SELF-STUDY AND EVALUATION GUIDE* is designed for use in conjunction with the other sections listed below. Any agency* undertaking a self-study will need the first seven sections listed below plus all *D* sections pertaining to the agency's services, an *E* form for each administrative, professional, and technical staff member, and the evaluation summary and report section.

The *GUIDE* is available either in a complete, bound edition or in separate sections from the National Accreditation Council for Agencies Serving the Blind and Visually Handicapped, 79 Madison Avenue, New York, N.Y. 10016.

SELF-STUDY AND EVALUATION GUIDE

Section	Title
A	Manual of Procedures
B	Agency and Community Profile
C-1	Agency Function and Structure
C-2	Financial Accounting and Service Reporting
C-3	Personnel Administration and Volunteer Service
C-4	Physical Facilities
C-5	Public Relations and Fund-Raising
D-1	Library Services
D-2	Orientation and Mobility Services
D-3	Rehabilitation Centers
D-4	Sheltered Workshops
D-5	Social Services
D-6	Vocational Services
D-7	Production of Reading Materials
E	Individual Staff Member Information Form
F	Evaluation Summary and Report

*Special guides are available for agencies providing *only* sheltered workshop services (*SELF-STUDY AND EVALUATION GUIDE FOR SHELTERED WORKSHOPS*) and for residential schools (*SELF-STUDY AND EVALUATION GUIDE FOR RESIDENTIAL SCHOOLS*).

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REHABILITATION CENTERS

Guiding Principles

A rehabilitation center for visually handicapped persons is a unique and distinct facility. It is distinct by virtue of its combining the knowledge, skills and abilities of many different professions into one physical setting to work in an integrated and coordinated manner around the needs and potentials of visually handicapped persons. Its uniqueness stems from the fact that the aggregate of these services results in a whole that is greater than the sum of its parts.

It is fundamental that such a facility provide a variety of services and, further, that these services be organized into an individualized program for each client – a program based upon a careful evaluation and assessment of the client's needs and his potentials to use and benefit from the center's services. The services themselves, the degree to which they are integrated for each client's individual needs, the active collaboration of the center's multidisciplinary team, the dynamics of interaction of these forces on and with the client – all these create a climate which stimulates both achievement and adjustment.

By its very nature, a rehabilitation center is a highly organized administrative structure with clearly defined lines of authority and responsibility for each area of service and function. Should the center be part of a larger agency, its program is a separate unit thereof, with specific responsibilities delegated to it along with the authority necessary to discharge such responsibilities. A rehabilitation center is a self-contained unit, physically separate from other structures. The organization and construction of the physical facility are such as to aid in meeting its expressed goals.

The disciplines and professions required in the program of a rehabilitation center for the visually handicapped entail a high degree of skill and training. Because there is a constant shortage of available personnel in these disciplines and professions, one of the major functions of a rehabilitation center – in addition to its services to clients – is that of professional teaching and education. This is a two-fold role involving, first, educating the professional worker in a particular discipline concerning the skills and abilities of those engaged in other disciplines and, second, participating in the training of students in the various disciplines.

Advancement in the calibre and character of services to the visually handicapped depends both on constant self-examination and analysis of program and on controlled innovation. To make its full contribution to the welfare of its clients, therefore, a center engages in ongoing research both interdisciplinary and interagency in nature.

Another criterion of the quality of a rehabilitation program is the accuracy and completeness of its client service records.

These important collateral responsibilities notwithstanding, the focus of the rehabilitation center is primarily the dignity and welfare of visually handicapped individuals; all other functions remain secondary to this overriding purpose.

Rehabilitation Center Defined

A rehabilitation center for visually handicapped persons is a facility which:

- ☐ Provides integrated and coordinated rehabilitative services to assist visually handicapped persons by stimulating them to use these services for meeting their individual needs.
- ☐ Provides its services through a program of multidisciplinary collaboration.

- ☐ Provides a combination of services in one setting resulting in a whole that is greater than the sum of its parts, the dynamics of which result from the constant interplay between clients, between clients and staff, and between various professional disciplines around the needs of clients as perceived on an individualized basis.
- ☐ Provides a temporary environment (either residential or non-residential) in order that, at the end of a period of time, a visually handicapped person may return to his community in better control of himself in his environment.
- ☐ Provides continuing reassessment of the rehabilitation plan for each client in terms of current needs and progress toward his maximum goal.
- ☐ Provides services to those with or without remunerative employment potential.
- ☐ Embodies in the rehabilitation plan requisite elements of the following basic services:

Communication Skills	Psychological
Medical	Recreational
Orientation and Mobility	Social Work
Personal Management	Vocational

The Nature of the Standards

Because a rehabilitation center is a multifunctional and multidisciplinary entity, standards for its operation necessarily involve a variety of program services for which extensive sets of standards have been separately developed (e.g., *D-2, Orientation and Mobility Services; D-5, Social Services; D-6, Vocational Services*). Similarly, the administrative and organizational aspects of rehabilitation centers touch on ground covered by general standards for administration: *C-1, Agency Function and Structure; C-2, Financial Accounting and Service Reporting; C-3, Personnel Administration and Volunteer Service; C-4, Physical Facilities; C-5, Public Relations and Fund-Raising.*

It is recognized that this makes for a certain amount of repetition. However, to omit such material because it is discussed elsewhere would be to lose the perspective of how the various functions and services work together within the unique structure of the rehabilitation center.

The standards set forth herein, which emphasize administrative and service aspects essential to a rehabilitation center program, do not in any way conflict with the more extensive treatment of these and related standards presented in other sections of this volume; the reader is referred to the appropriate sections as indicated.

1. STRUCTURE, ORGANIZATION AND ADMINISTRATION

( ) 1.1 LEGAL BASE. The rehabilitation center is a corporate entity or a discrete part of a larger legally established agency.

( ) 1.1.1 A certificate of incorporation defining the purpose of the corporation and a set of by-laws are on file at the center.

( ) 1.1.1.1 The legal purpose of the corporation is consistent with the program of the center.

( ) 1.1.2 The center which is not an incorporated entity has a statement of purpose on file.

EVALUATION / / 1. *How adequately does the center's certificate of incorporation or statement of purpose provide the basis for fulfilling its objectives?*

Comments:

( ) 1.2 GOVERNING BODY. There are regular meetings of the governing body.

( ) 1.2.1 A file of written and approved minutes of such meetings is maintained.

( ) 1.3 RESPONSIBILITY OF GOVERNING BODY. The governing body is responsible for periodic review and examination of the center's program, services and management.

( ) 1.3.1 Written reports analytically assess the center's effectiveness in meeting its goals and indicate implementation of prior policy actions and recommendations.

EVALUATION / / 2. *How adequately does the governing body exercise its responsibilities for making policy and reviewing the center's program, services and management?*

Comments:

( ) 1.4 ADMINISTRATION. Administrative responsibility and authority are specifically delegated to one person, an administrator or director, who works directly or indirectly under the governing body.

( ) 1.4.1 The administrator implements the policies adopted by the governing body.

( ) 1.4.2 The administrator is responsible for employment and dismissal of all staff.

EVALUATION / / 3. *To what extent is administrative responsibility delegated to the center's administrator or director?*

Comments:

( ) 1.5 CHART OF ORGANIZATION. A detailed chart of organization, in schematic form, shows the agency structure and lines of responsibility.

( ) 1.5.1 A supplemental statement details departmental, divisional or sectional areas of responsibility and personnel composition.

EVALUATION / / 4. *How clearly is the center's structure revealed in the chart of organization?*

Comments:

( ) 1.6 MULTIDISCIPLINARY COLLABORATION. There is an ample organizational plan for the provision of multidisciplinary collaboration, on a regular basis, in relation to the problems and progress of individual clients.

EVALUATION / / 5. *To what extent is provision made for multidisciplinary collaboration concerning the needs of clients?*

Comments:

( ) 1.7 RESEARCH AND TRAINING. The center encourages research and personnel training to the extent consistent with its purpose.

EVALUATION / / 6. *To what extent does the center encourage research and personnel training?*

Comments:

( ) 1.8 AGREEMENTS. Any agreements or contracts made with individuals or organizations are on file in written form.

( ) 1.8.1 Such agreements include a description of services to be rendered, financial arrangements and a statement of any relevant agency policy.

EVALUATION / / 7. *How adequate are agreements or contracts regarding services to be rendered and pertinent financial arrangements?*

Comments:

( ) 1.9 ADMINISTRATIVE RESPONSIBILITY FOR CLIENTS. Clients admitted to the rehabilitation center program are the administrative responsibility of the center staff and not that of any sponsoring or referring agency.

EVALUATION / / 8. *To what extent does the center assume full administrative responsibility for its clients upon admission?*

Comments:

1.10 BUSINESS MANAGEMENT AND FINANCIAL ACCOUNTING. The rehabilitation center employs principles and practices consistent with good business management and follows sound accounting standards.

(Ratings and evaluations should be provided in *C-2, Financial Accounting and Service Reporting.*)

( ) 1.10.1 The center, whether operating as a separate unit or as an integral part of a larger institution or agency, has its own budget.

( ) 1.10.1.1 The administrator of the center participates in the formulation of the budget.

( ) 1.10.1.2 Each category of service within the center has a separate budgetary provision.

EVALUATION / / 9. *How adequate are procedures for the formulation of a budget to meet the needs of the center and each category of service within it?*

Comments:

1.10.2 There is an annual certified outside audit.

1.10.3 Annual reports of the center's activities are prepared and made available by the governing body.

1.10.4 Applicable related standards for accounting and business management, as set forth in *C-2, Financial Accounting and Service Reporting,* are observed.

(Ratings and evaluations should be provided in *C-2, Financial Accounting and Service Reporting.*)

1.11 SERVICE REPORTING. The administrator is responsible for development and maintenance of an adequate reporting system.

(Ratings and evaluations should be provided in *C-2, Financial Accounting and Service Reporting.*)

1.12 USE OF FORMS. There is routine use of standard forms for such purposes as medical examination and consultation, release of confidential information, accident report, permission to render emergency care to minors and those under guardianship, publicity release, etc. (See *4.5* and *Appendices A, B, C* and *D.*)

(Ratings and evaluations should be provided in conjunction with item *4.5* in this section.)

1.13 PERSONNEL ADMINISTRATION. Written personnel policies, job descriptions and salary schedules are available.

1.13.1 Applicable related standards, as set forth in *C-3, Personnel Administration and Volunteer Service*, are observed.

(Ratings and evaluations should be provided in *C-3, Personnel Administration and Volunteer Service.*)

( ) 1.14 PROFESSIONAL SERVICES. All professional services are provided and supervised by staff who are qualified by education and experience and who have demonstrated competence in their particular specialty or discipline.

EVALUATION / / *10. How appropriate are the education and experience of the professional staff?*

Comments:

( ) 1.15 STAFF DEVELOPMENT. There are procedures for the continued development of staff competencies within their respective disciplines or areas of service.

( ) 1.15.1 Budgetary provision is made for staff attendance at local, regional, state and national meetings and institutes.

( ) 1.15.2 There is provision for educational leave.

( ) 1.15.3 There is provision for in-service training.

( ) 1.15.4 Under a regular in-service education program, professional staff members provide information concerning their respective disciplines for the benefit of other members of the center staff.

EVALUATION / / *11. How adequate are the provisions for staff development?*

Comments:

( ) 1.16 STUDENT TRAINING. Where professional training of students is a regular part of the center's program, the appropriate professional staff is responsible for the content and conduct of such training programs.

Supplemental Data:

List any university affiliations for the current academic year related to professional training of students as a regular part of the center's program.

Discipline	University	No. of Students	No. of Staff Responsible for Training

EVALUATION / / *12. To what extent are professional staff involved in the professional training of students?*

Comments:

1.17 PHYSICAL PLANT. The physical plant is constructed, arranged and equipped to promote fulfillment of the objectives of the center's program and to protect the safety of its clients and personnel.

1.17.1 Plant and equipment meet all applicable legal requirements for construction, safety and design.

1.17.2 The facility meets recognized standards of space and equipment required by its respective professional disciplines.

1.17.3 Adequate dining and food preparation facilities and space are available and maintained under competent supervision in keeping with local health codes.

1.17.4 The physical condition of the building and grounds gives evidence of planful and effective maintenance and housekeeping.

1.17.5 Due consideration is given, in establishing the rehabilitation center, to a location accessible to clients and to related services within the community.

1.17.6 Applicable related standards, as set forth in *C-4, Physical Facilities,* are observed.

(Ratings and evaluations should be provided in *C-4, Physical Facilities.*)

2. INTAKE PROCEDURE

( ) 2.1 INFORMATION REQUIRED FROM CLIENT. The center requires from each prospective client or referring agency written material covering the following:

( ) 2.1.1 Identifying information.

( ) 2.1.2 Health reports and information:

( ) 2.1.2.1 Eye examination.

( ) 2.1.2.2 General physical examination

( ) 2.1.2.3 Statement as to responsibility for medical care.

( ) 2.1.3 Educational information.

( ) 2.1.4 Employment history.

( ) 2.1.5 Family and personal information.

( ) 2.1.6 Psychological information.

( ) 2.1.7 Financial information.

( ) 2.1.8 Reason for application to the center and desired objectives.

EVALUATION / / *13. How adequate is the information required from a prospective client or referring agency?*

Comments:

( ) 2.2 INFORMATION GIVEN TO CLIENT. The rehabilitation facility provides to prospective clients, in writing and in the course of initial intake interviews, basic information pertinent to the client's participation in the center's program. This includes:

( ) 2.2.1 Statement of the agency's function and specific services offered.

( ) 2.2.2 Statement of intake policy.

( ) 2.2.3 Criteria for admission.

( ) 2.2.4 Fees charged for services, if any.

( ) 2.2.5 Information the client will require regarding acceptable clothing, availability of related community resources, visiting privileges, etc.

EVALUATION / / 14. *How adequately are clients provided with basic information pertinent to their participation in the center's program?*

Comments:

( ) 2.3 ACCOMPLISHMENTS EXPECTED. The intake procedure includes an interpretation of the accomplishments to be expected as a result of client's admission to the center.

EVALUATION / / 15. *To what extent is an interpretation made to the client of the accomplishments to be expected as a result of admission to the center?*

Comments:

( ) 2.4 TIMING OF INTAKE PROCEDURE. The intake interviews are completed prior to, or by the end of the first week following, the client's admission to the program.

EVALUATION / / 16. *To what extent is the intake procedure completed within the first week of the client's admission?*

Comments:

3. SERVICES

The various services in a rehabilitation center cannot be provided in isolation but must be continuously interrelated with other services in the same setting. Each professional staff member, for example, accepts and understands the client's feelings about his medical problems, but for counseling and decision-making, refers him to the staff physician. Each professional staff member accepts and understands the client's feelings about his occupational future, but for counseling and decision-making, refers him to the staff vocational counselor. Each professional staff member accepts and understands what the client has to say about his family and himself, but for counseling and decision-making, refers him to the staff social worker.

Communication Skills

The goal of training in communication skills in a rehabilitation center is to make available to the person deprived of vision sufficient instruction to restore or improve his ability to communicate and receive communication: to develop effective means of dealing with the written and spoken word, to gain access to reading that will satisfy his vocational, personal, recreational and intellectual needs, and to handle arithmetic computation. Levels of achievement vary from individual to individual; in consequence, each instructional program must be highly individualized.

( ) 3.1 SPECIFIC AREAS OF TEACHING. Teaching of communication skills is an integral part of the services offered by the rehabilitation center. These services include teaching in the following specific areas:

( ) 3.1.1 Reading of braille: texts and own writing.

( ) 3.1.2 Reading by listening: reading comprehension; talking book; tape recorder; tape transcribing.

( ) 3.1.3 Reading by use of residual vision: optical aids; clear-type print; remedial reading instruction.

( ) 3.1.4 Writing: braille; slate; braille writer; handwriting techniques; typing; composing on tape recorder and transcriber; remedial instruction.

( ) 3.1.5 Oral communication: appropriate gesticulation; tonality; voice modulation.

( ) 3.1.6 Arithmetic computation: regular braille number system; slate; brailler; methods of printing large numbers; types of ink, pencils and paper; abacus; circular slide rule; cubarithm arithmetic slate; braille codes of mathematics; mental arithmetic; remedial instruction.

EVALUATION

/ / *17. To what extent is instruction provided in each of the above areas of communication skills?*

/ / *18. How adequate are the instructional materials available for training in communication skills?*

Comments:

( ) 3.2 EVALUATION. The extent of this service is based upon a comprehensive evaluation of the client's communication needs and capacities.

( ) 3.2.1 A determination of the client's method and performance level of reading is made and recorded.

( ) 3.2.2 A determination of the client's method and performance level of writing is made and recorded.

( ) 3.2.3 A determination of the client's method and performance level of arithmetic computation is made and recorded.

EVALUATION

/ / *19. To what extent are evaluations regularly made of each client's reading, writing and arithmetic computation?*

/ / *20. To what extent is training in communication skills geared to the needs and capacities of individual clients?*

Comments:

( ) 3.3 QUALIFICATIONS OF PROFESSIONAL STAFF. The supervisors in the area of communication skills are graduates of master's degree programs in education, with knowledge of commercial arts; the instructors hold a bachelor's degree in education and have at least two years of professional experience in teaching communication skills.

(Note: *Section E, Individual Staff Member Information Form* should be completed by each supervisor and instructor of communication skills.)

EVALUATION / / 21. *How appropriate are the training and experience of the supervisor(s) of instructors in the area of communication skills?*

/ / 22. *How appropriate are the training and experience of the instructors in the area of communication skills?*

Comments:

Medical Services

The development and maintenance of general health is vital to the overall reorganization and adjustment of all disabled persons. Elimination or minimizing of concurrent or associated disabilities assumes even greater importance for the individual who has suffered the impairment of such a major function as sight. It is recognized that there are differences in the nature, etiology, and onset of the visual handicap for different individuals, and that services may vary in relation to these.

( ) 3.4 PROVISION OF SERVICES. The rehabilitation center provides medical services, either directly or through effective referral.

EVALUATION / / 23. *How adequate are the provisions for medical services?*

Comments:

( ) 3.5 PHYSICAL EXAMINATION. All clients admitted to the center program are given an initial physical examination.

( ) 3.5.1 The examination is given within one week after admission.

( ) 3.5.2 In selected instances the examination may be given prior to admission; in such cases no longer than two weeks elapse between the time of examination and admission to the program.

3.5.3 The basic elements of the admission examination include:

( ) 3.5.3.1 A history and complete physical examination.

( ) 3.5.3.2 An ophthalmologic examination by an ophthalmologist.

( ) 3.5.3.3 Special examinations including audiometric, low vision and laboratory studies.

( ) 3.5.3.4 Other special examinations as indicated: neurologic, otologic, orthopedic, psychiatric, etc.

EVALUATION / / 24. *To what extent are thorough medical examinations given early in the admission process?*

Comments:

( ) 3.6 RESPONSIBILITY FOR MEDICAL TREATMENT. All medical treatment—specific medical therapies, treatments, diets, medications, etc.—is the responsibility of the center's medical director.

EVALUATION / / 25. *To what extent does the medical director assume responsibility for all medical treatment?*

Comments:

( ) 3.7 MEDICAL CONSULTATION. The medical staff, including consultant specialists, is available regularly for consultation to the client as well as to the center's professional staff with respect to the client.

( ) 3.7.1 The medical staff regularly communicates pertinent medical information, as indicated, to the non-medical staff, to the client, to his family where feasible and desirable, to the referring agency and to the local attending physician of the client's choice.

EVALUATION / / 26. *To what extent is the medical staff regularly available and used to provide consultation to nonmedical staff as required?*

Comments:

( ) 3.8 CONSULTANT SERVICES. Medical consultant services are available to the medical director and to the staff.

EVALUATION / / 27. *To what extent are consulting medical specialists available to the medical director and staff of the center?*

Comments:

( ) 3.9 LOW VISION SERVICE. The services of a low vision clinic are available to the clients served in the rehabilitation center. Where the clinic is not an integral part of the center, a method of referral for such services is established.

( ) 3.9.1 The need for low vision service is determined by the staff ophthalmologist.

( ) 3.9.2 Low vision service, including the prescription, is the responsibility of the staff ophthalmologist or optometrist, provided the client's private ophthalmologist (or, in the absence of same, the center's staff ophthalmologist) has given prior indication in writing that medical or surgical treatment cannot improve the client's eye condition and that the use of lenses is not contraindicated for him.

EVALUATION / / 28. *To what extent are low vision services available to clients?*

/ / 29. *To what extent is the need for low vision service determined by an ophthalmologist?*

Comments:

( ) 3.10 QUALIFICATIONS OF MEDICAL DIRECTOR. The chief of medical services is licensed as a qualified practitioner of medicine.

(Note: *Section E, Individual Staff Member Information Form* should be completed by the center's medical director.)

EVALUATION / / 30. *How appropriate are the training and experience of the rehabilitation center's medical director?*

Comments:

Orientation and Mobility Services

One of the greatest losses suffered by visually handicapped persons is in the area of orientation and mobility. It is possible to improve an individual's orientation and mobility by teaching him the use of validated aids. Selection of the appropriate travel aids and methods of travel training hinges on the individual client's needs and capabilities.

( ) 3.11 PROVISION OF SERVICES. Orientation and mobility training services are provided by the rehabilitation center.

EVALUATION / / *31. To what extent is the teaching of orientation and mobility skills a regular part of the center's program?*

Comments:

( ) 3.12 TEACHER-CLIENT RATIO. The teacher-client ratio and the number of hours of instruction provided are consistent with the needs and abilities of the individual client.

EVALUATION / / *32. How adequately do the teacher-client ratio and amount of instruction meet the needs of clients?*

Comments:

( ) 3.12.1 A determination of a client's orientation and mobility competence is made and included in his case record.

EVALUATION / / *33. To what extent are determinations made of clients' orientation and mobility competencies?*

Comments:

( ) 3.13 QUALIFICATIONS OF TEACHERS. In addition to those qualified by training on the graduate level (see *D-2, Orientation and Mobility Services*) teachers of orientation and mobility in rehabilitation centers are qualified through possession of a bachelor's degree in physical education, physical training or nursing, plus additional training in orientation and mobility teaching.

(Note: *Section E, Individual Staff Member Information Form* should be completed by each orientation and mobility teacher.)

EVALUATION / / *34. How appropriate are the training and experience of orientation and mobility teachers?*

Comments:

3.13.1 The physical standards and personal attributes recommended in *D-2, Orientation and Mobility Services* are endorsed.

(Ratings and evaluations should be provided in *D-2, Orientation and Mobility.*)

Personal Management Services

Personal management services as provided in the rehabilitation center setting are defined as those activities of a personal, self-care and home management nature which are designed to contribute to the total life adjustment of the individual. They include personal hygiene and grooming, cooking, homemaking duties and home repair activities.

( ) 3.14 SERVICES PROVIDED. The rehabilitation center provides personal management services as an integrated part of a client's total program. These include:

( ) 3.14.1 Activities of daily living, including personal hygiene and grooming.

( ) 3.14.2 Homemaking activities (cooking, etc.).

( ) 3.14.3 Home mechanic activities (repairs, etc.).

EVALUATION / / *35. How comprehensive are the personal management services provided by the center?*

Comments:

( ) 3.15 STAFF QUALIFICATIONS. Personal management services are under the supervision of a person with a master's degree in a specifically applicable field such as home economics, occupational therapy or specialized teaching of the visually handicapped.

( ) 3.15.1 Personal management services are provided by a person having at least a bachelor's degree in one of the above, plus two years of experience in teaching the visually handicapped.

(Note: *Section E, Individual Staff Member Information Form* should be completed by each instructor of personal management.)

EVALUATION / / *36. How appropriate are the training and experience of the supervisor and instructors in the area of personal management services?*

Comments:

Psychological Services

( ) 3.16 SCOPE OF SERVICES. Psychological services are an integral part of a rehabilitation center program; they include psychometry, psychological counseling, interpretation of psychological information to the center staff and, when necessary and desirable, interpretation to the client and his family as well.

( ) 3.16.1 The center has psychological services, as above described, available in sufficient quantity to meet client needs.

( ) 3.16.2 The psychological staff is regularly available for consultation with other members of the center staff.

EVALUATION / / *37. How comprehensive are the psychological services provided by the center?*

/ / *38. To what extent is the psychological staff regularly available for appropriate consultation?*

Comments:

( ) 3.17 DIRECTION OF SERVICES. The staff psychologist is responsible for all psychological services in the center.

EVALUATION / / *39. To what extent does the staff psychologist assume responsibility for all psychological services?*

Comments:

( ) 3.18 QUALIFICATIONS OF PSYCHOLOGIST. The staff psychologist is, at minimum, a graduate of a master's degree program in psychology.

(Note: *Section E, Individual Staff Member Information Form* should be completed by the staff psychologist.)

EVALUATION / / 40. *How appropriate are the training and experience of the staff psychologist?*

Comments:

Recreation Services

In a rehabilitation center the goal of recreation services is promotion of increased social adjustment of the client by providing him with opportunity for social interaction and with the stimulus to plan his own recreational activities constructively. Insofar as possible, existing community facilities are used in preference to activities within the rehabilitation center, in order to give the client socialization experiences with sighted people.

( ) 3.19 SERVICES PROVIDED. The center provides recreation services consistent with the needs of the clients and the goals of the institution.

( ) 3.19.1 As with other services, recreation services has a separate item in the budget or other identifiable means of measurement.

( ) 3.19.2 The client's recreation activities are recorded in his case record.

EVALUATION / / 41. *To what extent are recreation services provided to promote increased social adjustment consistent with the needs of clients?*

/ / 42. *How adequate is the budget for recreation services?*

Comments:

( ) 3.20 STAFF QUALIFICATIONS. The services are under the direction of a person with a master's degree in recreation or social group work, or with a bachelor's degree in recreation plus at least two years of professional experience in recreation or social group work.

( ) 3.20.1 The services are provided by a person with a bachelor's degree and appropriate skills and knowledge in recreation, plus two years of experience in recreation with the ill and handicapped.

(Note: *Section E, Individual Staff Member Information Form* should be completed by each member of the staff of the recreation service.)

EVALUATION / / 43. *How appropriate are the training and experience of the person directing recreation services?*

/ / 44. *How appropriate are the training and experience of the staff providing recreation services?*

Comments:

3.21 RELATED STANDARDS. Applicable related standards for recreation services, as set forth in *D-5, Social Services*, are observed.

(Ratings and evaluations should be provided in *D-5, Social Services.*)

Social Work Services

Social work, as practiced in a rehabilitation center, is professional help given in a controlled relationship and span of time, both singly and in groups, directed toward enabling an individual to identify his needs and values and to marshal his resources, within and without, so that he can come to terms with himself and his environment.

( ) 3.22 SERVICES PROVIDED. The center provides social work services which include:

( ) 3.22.1 Initial intake casework interview, diagnosis and ongoing services as determined by the needs of the individual client.

( ) 3.22.2 Working with other members of the rehabilitation team toward increased understanding of, and assistance to, the client in relation to his social and emotional environment.

( ) 3.22.3 As necessary and desirable, assisting the client and his family, either directly or through other resources, with problems precipitated by the visual handicap.

( ) 3.22.4 Encouraging optimum use of available services within both the agency and the community.

( ) 3.22.5 Helping the individual achieve his fullest capacity through support and encouragement within a professional relationship.

EVALUATION / / 45. *How comprehensive are the center's social work services?*

Comments:

( ) 3.23 RESPONSIBILITY FOR SERVICES. The social worker is responsible for all social work services in the center.

EVALUATION / / 46. *To what extent does the social worker assume responsibility for the center's social work services?*

Comments:

( ) 3.24 STAFF QUALIFICATIONS. A person providing or supervising social work services holds a master's degree from an accredited school of social work.

(Note: *Section E, Individual Staff Member Information Form* should be completed by each member of the social work staff.)

EVALUATION / / 47. *How appropriate are the training and experience of those rehabilitation center staff members offering or supervising social work services?*

Comments:

3.25 RELATED STANDARDS. Applicable related standards, as set forth in *D-5, Social Services*, are observed.

(Ratings and evaluations should be provided in *D-5, Social Services.*)

Vocational Services

As provided in a rehabilitation center, vocational services are inseparable from, and must be continuously interrelated with, the center's other areas of service.

( ) 3.26 PROVISION OF SERVICES. Vocational evaluation services are an integral part of the rehabilitation center program. The assessment of client development embraces:

( ) 3.26.1 Applicable psychological testing.

( ) 3.26.2 Aptitude testing.

( ) 3.26.3 Work history.

( ) 3.26.4 Simulated work situations: work samples, rating scales, observational notes.

( ) 3.26.5 Summation and work prognosis.

EVALUATION [ ] 48. *To what extent are vocational services an integral part of the center's program?*

[ ] 49. *How comprehensive are the vocational services provided?*

Comments:

( ) 3.27 CLIENT PARTICIPATION. The client is actively involved in a review of the composite results of the evaluation and actively participates in the planning process.

( ) 3.27.1 A written record of the evaluation and of its discussion with the client is included in the client's case record.

EVALUATION [ ] 50. *To what extent is the client involved in reviewing the results of his evaluation and in the planning process?*

Comments:

( ) 3.28 STAFF QUALIFICATIONS. Vocational services are supervised by a person who has a master's degree in rehabilitation or vocational counseling, or a bachelor's degree in either of these plus two years of experience in industrial arts, industrial engineering or occupational therapy.

( ) 3.28.1 Vocational services are provided by a person possessing at least a bachelor's degree in one of the above areas plus experience in vocational assessment of visually handicapped persons.

(Note: *Section E, Individual Staff Member Information Form* should be completed by each member of the vocational services staff.)

EVALUATION [ ] 51. *How appropriate are the training and experience of the supervisor of vocational services?*

[ ] 52. *How appropriate are the training and experience of the staff providing vocational services?*

Comments:

3.29 RELATED STANDARDS. Applicable related standards, as set forth in *D-6, Vocational Services*, are observed.

(Ratings and evaluations on this subject should be provided in *D-6, Vocational Services.*)

Volunteer Service

The services provided in a rehabilitation center for the visually handicapped, and the nature of the disability of the clients served, lend themselves to the constructive use of volunteer workers. A center may or may not decide to use volunteers; where they are used, certain standards are applicable.

A volunteer worker in a rehabilitation center is defined as an unsalaried person who assists in or supplements a service function of the center under staff direction and supervision. Such individuals are carefully screened, oriented and trained.

( ) 3.30 STRUCTURE OF SERVICE. When volunteer service is provided by the rehabilitation center, it is an integral part of overall administrative structure of the agency.

EVALUATION / / *53. How adequately has the volunteer service been integrated into the program?*

Comments:

( ) 3.30.1 There are written job descriptions and procedures specifically defining volunteer functions and responsibilities.

EVALUATION / / *54. How adequately are volunteer functions and responsibilities defined?*

Comments:

( ) 3.30.2 The responsibility for the planning and organization of a volunteer service is assigned to a qualified staff member who is also responsible for the recruitment, screening, selection, training and placement of volunteers.

EVALUATION / / *55. To what extent does a qualified staff member assume full responsibility for the volunteer service?*

Comments:

( ) 3.30.3 Appropriate records are kept on volunteers' attendance and job assignments, together with periodic evaluations of their performance.

EVALUATION / / *56. To what extent are volunteers' activities recorded and evaluated?*

Comments:

( ) 3.30.4 Training and refresher courses are provided for volunteers.

EVALUATION / / *57. How adequately are the volunteers trained?*

Comments:

( ) 3.31 BUDGET. There is a separate item in the budget for the administration of the volunteer service.

EVALUATION / / 58. *How adequate is the budget for the volunteer service?*

Comments:

3.32 RELATED STANDARDS. Applicable related standards for volunteers, as set forth in *C-3, Personnel Administration and Volunteer Service*, are observed.

(Ratings and evaluations should be provided in *C-3, Personnel Administration* and *Volunteer Service.*)

4. CASE RECORDS

Case records are important tools in the administration and operation of a rehabilitation center. They serve to organize, clarify, guide, justify, point ahead and provide a tangible base for action. All center records containing information in regard to the client are regarded as confidential and privileged (see the policy statement on confidentiality in *Section B, Agency and Community Profile*). The primary functions of a client's record are:

- ☐ To indicate the client's past history, present status and progress.
- ☐ To stimulate discussion and exchange of ideas among those charged with the responsibility for a client, thus increasing general awareness of the multiple factors which affect the client's progress and, in general, facilitating communication among all who are responsible for providing service to the client.
- ☐ To provide a tool for supervision of staff.
- ☐ To furnish valid information for future research studies and to provide material for statistical or demographic surveys.
- ☐ To provide teaching material which can be used in the training of students preparing for professional careers in rehabilitation or related fields.
- ☐ To furnish accurate information when this is required for legal adjudication.
- ☐ To give direction to further planning with the client by pointing up areas of strength and weakness and by identifying service areas in need of additional emphasis.

( ) 4.1 INITIAL INFORMATION. The rehabilitation center maintains a case record on each individual client containing pertinent initial information relating to the services he will receive or is receiving. Such a record contains, at a minimum:

( ) 4.1.1 Complete referral information: name, address and telephone number of referral source, date of referral.

( ) 4.1.2 Complete personal identifying information: full name; address; home and business telephone numbers; birth date; birth place; age; sex; marital status; number of children; person or persons client is living with; name of spouse if married; name and address of parents or guardian if under twenty-one; whom to notify in case of emergency; financial information; information from social service exchange clearing where applicable.

( ) 4.1.3 Appropriate educational information: name and address of school, college or special training school attended (or attending); grade completed; reason for leaving if studies uncompleted; military training: service dates, type of discharge, claim number.

( ) 4.1.4 Appropriate vocational information: present employment status; record of all past employments giving last employment first: addresses, dates, duties, reasons for leaving; Social Security number.

( ) 4.1.5 Appropriate health (physical and mental) information, including past history, present status and prognosis.

( ) 4.1.6 Relevant social information, including family relationships and significant environmental factors.

( ) 4.1.7 Appropriate psychological information.

EVALUATION / / 59. *How comprehensive are the center's case records?*

Comments:

( ) 4.2 ONGOING SERVICE INFORMATION. An accurate, up-to-date progress record is kept on each client in relation to the services he receives in the rehabilitation center.

( ) 4.2.1 The record contains all evaluations, examinations, reports and related information received from collateral sources.

( ) 4.2.2 The record clearly sets forth information regarding all treatment and service plans.

( ) 4.2.3 The administrator of the center has primary responsibility for the maintaining of adequate case records.

EVALUATION / / 60. *How adequately are the case records kept up to date to reflect ongoing service information and treatment plans?*

Comments:

( ) 4.3 MEDICAL RECORD. Complete and standardized reports of all medical procedures, including such services as may be rendered by or through other community resources, are maintained as essential parts of the client's case record.

EVALUATION / / 61. *To what extent are all medical procedures recorded in the case records?*

Comments:

( ) 4.4 FINAL SUMMARY. Upon termination of the center's services to the client, a final summary is prepared which includes the following information:

( ) 4.4.1 The condition and circumstances of the client prior to his admission.

( ) 4.4.2 Description of the services received at the center and a summary of the client's progress in each of these services.

( ) 4.4.3 Pertinent medical, psychological, social, vocational and other appropriate information obtained from the record and including initial data, progress made and prognosis.

( ) 4.4.4 Final recommendations, based upon a total staff survey of client performance and level of achievement.

( ) 4.4.5 The administrator is responsible for the preparation and submission of the final summary, which is completed within two weeks following the client's discharge from the rehabilitation center.

EVALUATION / / 62. *How comprehensive is the final summary of services to each client?*

Comments:

( ) 4.5 STANDARDIZED FORMS. The value of standardized forms is recognized. Those reproduced in *Appendices A, B, C* and *D* are recommended for use or adaptation by rehabilitation centers.

EVALUATION / / 63. *How extensively does the rehabilitation center make use of standardized forms?*

/ / 64. *To what extent do they compare with the forms illustrated in* Appendices A, B, C *and* D*?*

Comments:

5. PROGRAMMING FOR IMPROVEMENT

A graphic picture of the agency's overall performance emerges when the evaluation ratings from the preceding pages are transcribed onto the Summary Table of Evaluation Ratings. A major value of gaining such a picture is that it spotlights the areas in need of strengthening and thus yields a useful guide to the planning of needed improvements.

Realistically speaking, it is rarely possible for ongoing programs to be subjected to a large number of simultaneous changes. It is, however, both possible and desirable to analyze the problems uncovered through the self-study and evaluation process, and to develop a timetable for tackling them. The process of classifying needed improvements into (1) those already under way, (2) those which can and will be undertaken in the near future and (3) those which require longer-range planning, produces a program for change which can serve as an orderly guide for action.

The three questions which follow the Summary Table are designed to assist the agency in the development of such a program. They are also designed to help the Commission on Accreditation evaluate the agency in terms of one of the Commission's governing principles: "If deficiencies exist, the agency is willing to remedy them, and gives evidence of being capable of effecting the needed remedies within a reasonable period of time."

It should be borne in mind that changes are not necessarily restricted to the weaker areas of service or administration. If plans for improvement are contemplated in areas which are already good or excellent, so as to make them even better, these should not be overlooked in responding to the questions.

SUMMARY TABLE OF EVALUATION RATINGS

Instructions: Transcribe the evaluation ratings from the preceeding pages onto this table by placing a check mark (√) in the appropriate column.

Standards to Which Evaluation Questions Relate		EVALUATION QUESTION	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	MISSING	NOT APPLICABLE
1. Structure, Organization and Administration									
1.1	Legal Base	1							
1.2	Governing Body	–							
1.3	Responsibility of Governing Body	2							
1.4	Administration	3							
1.5	Chart of Organization	4							
1.6	Multidisciplinary Collaboration	5							
1.7	Research and Training	6							
1.8	Agreements	7							
1.9	Administrative Responsibility for Clients	8							
1.10	Business Management and Financial Accounting	9							
1.11	Service Reporting	–							
1.12	Use of Forms	–							
1.13	Personnel Administration	–							
1.14	Professional Services	10							
1.15	Staff Development	11							
1.16	Student Training	12							
1.17	Physical Plant	–							
2. Intake Procedure									
2.1	Information Required from Client	13							
2.2	Information Given to Client	14							
2.3	Accomplishments Expected	15							
2.4	Timing of Intake Procedure	16							
3. Services									
Communication Skills									
3.1	Specific Areas of Teaching	17							
		18							
3.2	Evaluation	19							
		20							
3.3	Qualifications of Professional Staff	21							
		22							
Medical Services									
3.4	Provision of Services	23							
3.5	Physical Examination	24							
3.6	Responsibility for Medical Treatment	25							
3.7	Medical Consultation	26							
3.8	Consultant Services	27							
3.9	Low Vision Service	28							
		29							
3.10	Qualifications of Medical Director	30							

SUMMARY TABLE OF EVALUATION RATINGS (continued)

Standards to Which Evaluation Questions Relate	EVALUATION QUESTION	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	MISSING	NOT APPLICABLE
Orientation and Mobility Services								
3.11 Provision of Services	31							
3.12 Teacher-Client Ratio	32							
	33							
3.13 Qualifications of Teachers	34							
Personal Management Services								
3.14 Services Provided	35							
3.15 Staff Qualifications	36							
Psychological Services								
3.16 Scope of Services	37							
	38							
3.17 Direction of Services	39							
3.18 Qualifications of Psychologist	40							
Recreation Services								
3.19 Services Provided	41							
	42							
3.20 Staff Qualifications	43							
	44							
3.21 Related Standards	—							
Social Work Services								
3.22 Services Provided	45							
3.23 Responsibility for Services	46							
3.24 Staff Qualifications	47							
3.25 Related Standards	—							
Vocational Services								
3.26 Provision of Services	48							
	49							
3.27 Client Participation	50							
3.28 Staff Qualifications	51							
	52							
3.29 Related Standards	—							
Volunteer Service								
3.30 Structure of Service	53							
	54							
	55							
	56							
	57							
3.31 Budget	58							
3.32 Related Standards	—							
4. Case Records								
4.1 Initial Information	59							
4.2 Ongoing Service Information	60							
4.3 Medical Record	61							
4.4 Final Summary	62							
4.5 Standardized Forms	63							
	64							

1. What improvements are now under way?

2. What improvements are definitely planned for the immediate future? When are they scheduled for completion?

3. What improvements will require long-range planning to implement? When is it expected that this planning will be undertaken?

Name of Agency _____ Date _____

Completed by _____

_____

_____

Appendix A
SAMPLE MEDICAL EXAMINATION FORM

KANSAS VOCATIONAL REHABILITATION
GENERAL BASIC MEDICAL EXAMINATION RECORD

This Authorization EXPIRES_____

CONFIDENTIAL

PLEASE SEND REPORT TO:
VOCATIONAL REHABILITATION SERVICE
_____
_____

Section I.—(To be filled out by Rehabilitation Agency)

_____ (Last name) _____ (First name) _____ (Middle name) _____ (Date of birth) _____ (Sex)

_____ (Home address: Street and number or R. F. D.) _____ (City or town) _____ (County) _____ (State)

Usual occupation_____ Description of last job_____

Last time hospitalized_____ (Date) _____ (Reason) _____ (Name and location of hospital)

Last visit to physician_____ (Date) _____ (Reason) _____ (Name and address of physician)

Is patient now under care of physician?_____ (Yes or no) _____ (If answer is "Yes," give name and address of physician)

Patient's statement of disabilities_____

HAS PATIENT SUFFERED FROM ANY OF THE FOLLOWING: (0 = No; √ = Yes)

___ Frequent headaches	___ Pain in chest	___ Hemorrhoids	___ Tuberculosis
___ Difficulty with vision	___ Shortness of breath	___ Burning on urination	___ Convulsions or "fits"
___ Difficulty with hearing	___ Unusual irritability	___ Blood in urine	___ Hernia or "rupture"
___ Fainting	___ Fever or night sweats	___ Rheumatism	___ Varicose veins or ulcers
___ Excessive fatigue	___ Swollen ankles	___ Fractures (*Describe*)_____	
___ Asthma or hay fever	___ Difficulty in thinking	_____	
___ Nervous breakdown	___ Loss of appetite	___ Operations (*Describe*)_____	
___ Unusual gain or loss of weight	___ Frequent indigestion	_____	
___ Persistent cough	___ Difficulty with memory	___ Accidents (*Describe*) _____	
___ Cough producing blood	___ Diarrhea or constipation	_____	

Signature of Rehabilitation Counselor_____ Date_____

SECTION II. PHYSICAL EXAMINATION.—(To be filled out by physician. Items checked (√) were examined and found normal. Deviations from normal are noted. If items require additional description, please record on extra sheet.)

HEIGHT (without shoes), _____ft. _____in. WEIGHT (without clothing), _____pounds. TEMPERATURE, _____° F.

EYES: Right_____ Left_____
(Discharge; corneal scars; strabismus; pterygium; ptosis; trachoma; fundi; cataract; intraocular tension)

Distant vision: Without glasses—R. 20/___ L. 20/___ With glasses—R. 20/___ L. 20/___.
(If vision is too low to be recorded at 20 feet, indicate by recording as "less than 20/200")

EARS—Hearing: Right_____ 20 feet Left_____ 20 feet Other findings: R_____ L_____
(Consider denominators here indicated as normal. Record as numerators greatest distance heard) (Evidence of middle ear or mastoid disease. Drums: Normal, absent perforated, dull, retracted. Discharge)

NOSE_____ THROAT_____
(Obstruction. Evidence of chronic sinus infection, polypi, perforated septum, etc.) (Tonsils: Normal, enlarged, removed, etc.)

MOUTH_____ NECK_____
(Missing teeth, pyorrhea; abnormality of tongue or palate) (Thyroid enlargement, nodules, etc.)

LYMPHATIC SYSTEM_____ BREASTS_____
(Especially cervical, epitrochlear, inguinal) (Abnormal discharge, nodules, tenderness, hypoplasia)

LUNGS: Right_____ LEFT_____
(If history or physical findings indicate active or arrested tuberculosis, recommend chest X-ray, sputum examination, and consultation with chest specialist)

(over)

CIRCULATORY SYSTEM: Heart _____
(Enlargement, thrill, murmurs, rhythm)

Blood pressure: Systolic / Diastolic _____ Pulse rate _____ Dyspnoea _____ Cyanosis _____ Edema _____

Evidence of arteriosclerosis _____
(Type; degrees; where found, as "cerebral," "brachial," etc.)

ABDOMEN _____
(Scars, masses, palpable liver, palpable spleen, etc.)

HERNIA _____
(Type: Inguinal, ventral, femoral, etc. Right, left, bilateral)

GENITO-URINARY _____
(Urethral discharge, varicocele, hydrocele, scars, epididymitis, enlarged or atrophic testicle)

and
GYNECOLOGICAL _____
(Prolapse, cystocele, rectocele. Cervix)

ANO-RECTAL _____
(Hemorrhoids, prolapse, fissures, fistula. Prostate)

NERVOUS SYSTEM _____
(Paralysis. Sensation. Speech. Gait. Reflexes: Pupillary, knee, Babinski, Romberg)

_____
(Memory. Peculiar ideas or behavior. Spirits: Elated, depressed, normal)

_____
(Neurological or psychiatric abnormalities should be described on separate sheet)

SKIN _____ FEET _____ VARICOSE VEINS _____
(Moist, dry, clear) (Weak feet. Congenital or traumatic defects) (Site)

ORTHOPEDIC IMPAIRMENTS: (*Describe*) _____

Required { Blood serologic test for syphilis—Date _____ Name of test _____ Result _____
Urinalysis: Date _____ Specific gravity _____ Reaction _____ Albumen _____ Sugar _____

Section III. DIAGNOSIS.—(To be filled out by physician.)

DISABILITY: _____

CHARACTERISTICS: (Check appropriate terms)

Permanent: Yes _____ No _____ Stable: Yes _____ No _____

Progressive: Slowly _____ Rapidly _____ No _____

Removed by treatment: Yes _____ No _____

Substantially reduced by treatment: Yes _____ No _____

RECOMMENDATIONS:

Consultation with specialist: (Specify specialty) _____

Refraction _____ X-ray of chest _____

Other diagnostic procedures: (Specify) _____

Treatment indicated: (Specify) _____

Working conditions and or activities to be avoided _____

REMARKS _____

PLEASE ATTACH YOUR STATEMENT

_____ M. D.
(Physician)

Date _____

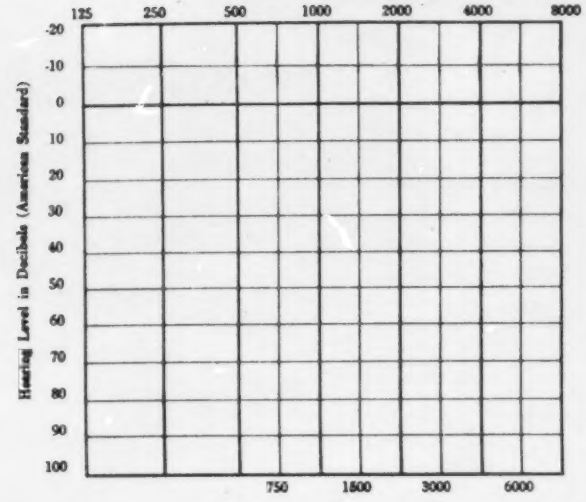
_____
(Address)

Appendix B
SAMPLE AUDIOLOGIC ANALYSIS FORM

DEPARTMENT OF AUDIOLOGY
EYE AND EAR HOSPITAL
PITTSBURGH 13, PA.
AUDIOLOGIC ANALYSIS

Name ..... by ..... Date .....

PURE TONE AUDIOGRAM



Frequency in Cycles/Second

Air: Right O——O
Left: X——X

Right, left masked △——△
Left, right masked □——□

Bone: Right > >
Left < <

No Response
O Right:
X Left:

Galvanic Skin Responses in Green

TEST CONDITIONS

Hearing: Constant ..... Varies .....
Hearing Today: Same ..... Better ..... Worse .....
Cold Today: Yes ..... Slight ..... No .....
Tinnitus: Right ..... Left .....
Test Chamber: Quiet ..... Mod. Quiet .....
Test Reliability: Good ..... Fair ..... Poor .....
Masking for Air Conduction:
For Right: Left Unmasked ..... Masked ..... DB
For Left: Right Unmasked ..... Masked ..... DB
Masking for Bone Conduction:
For Right: Left Unmasked ..... Masked ..... DB
For Left: Right Unmasked ..... Masked ..... DB

AVERAGE HEARING LEVEL (500-2000 cycles)
Air Conduction: Right ..... DB
Left ..... DB

TESTS FOR HEARING OF SPEECH		Recorded				Live Voice			
		Monaural		Binaural		Monaural		Binaural	
	Spondees	Right	Left	Phones	Speaker	Right	Left	Phones	Speaker
HEARING LEVEL FOR SPEECH									
DISCRIMINATION SCORE									

Masking:

Appendix C
SAMPLE EYE MEDICAL REPORT FORM

STATE OF NEW YORK DEPARTMENT OF SOCIAL WELFARE
COMMISSION FOR THE BLIND

MANDATORY EYE MEDICAL REPORT

(Information for official agency use only) Folio No._____

NAME OF PATIENT_____ Date of birth_____
(If minor include parent or guardian's name)

ADDRESS_____ County_____

Date of examination_____ Clinic No._____

Approximate date of onset of eye disease_____

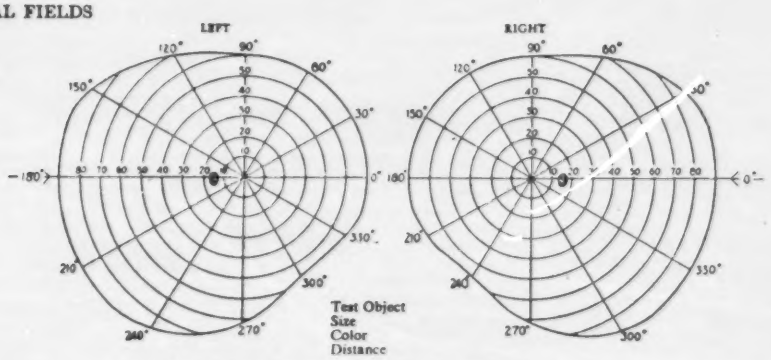
VISUAL ACUITY

Distant Vision

Without Correction { Rt._____ Lt._____ With Best Correction { Rt._____ Lt._____ Correction Being Used { Rt._____ Lt._____

(If necessary state vision in terms of light perception, light projection, hand movements, or ability to count fingers.)

VISUAL FIELDS



Central scotomata determined with correction may be plotted above.

DIAGNOSIS Right_____ (Primary) _____ (Secondary)

Left_____ (Primary) _____ (Secondary)

ETIOLOGY Right_____

Left_____

Please fill in. Statistics on blindness depend on these data.

Does patient have related systemic disease? If loss of sight is due to injury, indicate nature of circumstances.

PROGNOSIS Will medical or surgical treatment improve condition?_____

What treatment is recommended?_____

Other disability_____
(Note if deaf or hard of hearing)

Re-examination in_____ months?

_____ M.D.

_____
Address

Appendix D
SAMPLE MEDICAL INFORMATION RELEASE FORM

CONSENT FOR RELEASE OF MEDICAL INFORMATION

I, _____, hereby give permission to _____ Hospital to provide the (name of rehabilitation center) with a summary of my hospital record. I understand that this information will be used for planning for my rehabilitation program and will not be released to any other agency or individual without my consent.

_____ _____
(Witness) (Signature)

Date _____ Hospital Number _____

NOTE: This consent form, after being signed by the patient, should be detached from the referral and retained in the hospital record.